



INDIVIDUAL COUNSELING | MARITAL THERAPY
CHILD & ADOLESCENT COUNSELING | PARENT COACHING

1514 N. GREENVILLE AVE., SUITE 310, ALLEN, TEXAS 75002
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CONSENT TO EXCHANGE INFORMATION

In some instances, sharing information is necessary in order to provide the best possible treatment and care. Examples of those who would benefit from sharing information include present or past therapists, physicians or psychiatrists who may have treated you in the past, school counselors, teachers who are involved in your care, or parents. Information will be shared only if express permission is given in writing.

By signing below, consent will be given to release otherwise confidential information, and said information will be shared from staff of I Choose Change PLLC to the name entity. Information may be shared for the purpose of treatment planning, assessment information, co-ordination of services, psychosocial information, discharge planning, or another form of clinical service.

Information will be shared between:

I Choose Change PLLC

1514 N. Greenville Ave #310
Allen, TX 75002

AND

Tel: 214-547-1318
Fax: 214-547-1318

Name of Organization/Person

Address

City/Zip

Phone

Fax

Please complete all sections

I understand that this consent releases information only to the named person(s) and will expire exactly one year from the date of signing or through written request by myself only.

Client (PRINTED NAME)

Client Signature

Date:

Guardian (PRINTED NAME)
If client is under 18

Guardian Signature

Date: